

DISCRIMINATION BASED ON DISABILITY

GRIEVANCE FORM

It is the policy of Yorkville School District to provide assistance in filling out this form. If assistance is needed, please ask:

Hassan vonSchlegell, ADA/Section 504 Coordinator
602 A Center Parkway
Yorkville, IL 60560
(630) 553-4382

Name: _____

Address: _____

City, State and Zip Code: _____

Telephone No.: _____

Program, Service, or Activity to which Access was Denied or in which Alleged Discrimination Occurred: _____

Date of Alleged Discrimination: _____

Nature of Alleged Discrimination: _____

(Attach additional sheets if necessary. If the grievance is based on a denial of requested reasonable modification or accommodation, please fill out the second page of this form.)

I certify that I am qualified or otherwise eligible to participate in the program, service or activity, and the above statements are true to the best of my knowledge and belief.

The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as the filing of an ADA complaint with the responsible federal department or agency or a request for an impartial hearing under Part II of the regulations governing handicapped students. Use of this grievance procedure is not a prerequisite to the pursuit of other remedies and use of this grievance procedure does not extend any filing deadlines related to the pursuit of other remedies.

Signature

Date

Please give to the ADA/Section 504 Coordinator at the address listed above.

For Office Use Only

Date Received: _____ By: _____

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Please fill out this page only if this grievance is based upon the denial of a requested reasonable modification. A reasonable modification will be made to make programs, services, and activities accessible. Reasonable modifications could include such things as providing auxiliary aids and devices or changing some policies, requirements or program locations to allow an individual with a disability to participate. This portion of the form should be filled in to the extent you know the answers. The form may be submitted even if this portion is incomplete.

Reasonable modification requested:

The person to whom the request was made:

The reason for denial:

The estimated cost of modification (if the requested modification is an assistive device, such as a TDD or optical reader, or commodity or service of which a cost is readily known):

Why is the requested modification necessary to use or participate in the program, service, or activity?

Alternative modifications which may provide accessibility:

Any other information you believe will aid in a fair resolution of this grievance: